

Leveraged Equities

Application Pack

TRUSTS AND ESTATES

This Application Pack comprises two documents:

1. Client Application Form, and
2. Declaration as to Purpose.

Please complete both documents and return them to us.

LEE

Leveraged Equities

Application Form: Trusts and Estates

1. APPLICANT

If you are a TRUST or ESTATE applicant please complete all of Section 1 showing details of all trustees, each of whom must sign.

Trust or Estate Details

Trust Name:

Jurisdiction of Establishment: New Zealand Other (please state):

Date Created:

DAY		MONTH			YEAR				

Please confirm the document(s) that bind and regulate the Applicant (select all that apply):

Trusts:

Trust Deed Rules Constitution

Other, please state:

Estates:

Probate Letters of Administration

Other, please state:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

1. APPLICANT *continued*

Second Trustee / Executor Details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name: _____

Date of Birth:

DAY			MONTH			YEAR													

Country of Birth: New Zealand Other (please state): _____

Countries of Citizenship/Nationality: New Zealand Other/Additional: _____

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

Contact Information:

Mobile: _____

Phone Work: _____

Email: _____

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box: _____

Suburb/RD No.: _____

Mail Centre: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Tax Details

I certify that I am a tax resident in the following country/countries (please select the country/countries where you are tax resident and supply Tax Identification Numbers (TIN) for those countries):

<input type="checkbox"/> New Zealand:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					(IRD Number)
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<input type="checkbox"/> Other Country (please state): _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, are you a United States Person?

Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

If there are more than two individual trustees or corporate trustees, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

1. APPLICANT *continued*

Trustee Company Details *(continued)*

Authorised Person Name:

Position:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth:

New Zealand

Other (please state):

Countries of Citizenship/Nationality:

New Zealand

Other/Additional:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

New Zealand

Other (please state):

Contact Information:

Mobile:

Phone Work:

Email:

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

1. APPLICANT *continued*

Second Trustee Company Director Details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

DAY			MONTH				YEAR												

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

Contact Information:

Mobile:

Phone Work:

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Tax Details

I certify that I am a tax resident in the following country/countries (please select the country/countries where you are tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand:

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(IRD Number)

Australia:

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(Tax File Number)

United States:

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(Social Security Number)

United Kingdom:

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(National Insurance Number)

Other Country (please state):

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United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, are you a United States Person?

Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via your Investment Adviser.

Check the box if form is required

Is the Trustee Company Director an Authorised Person on the account?

Yes No

If there are more than two Director of Trustees Companies, please use the applicable supplementary application sheet, which can be found on our website: <http://www.leveragedequities.co.nz>. This must be attached to this Client Application Form when it is submitted.

2. AUTHORISED PERSONS

This section only needs to be completed if you wish to nominate someone to instruct on your account in addition to the Applicant(s) recorded in Section 1.

First Authorised Person details

Mr Ms Mrs Miss Dr Other

Full Name:

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Relationship to Applicant:

Occupation:

Contact Information:

Mobile:

Phone Work:

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

2. AUTHORISED PERSON *continued*

Second Authorised Person details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Relationship to Applicant:

Occupation:

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

Contact Information:

Mobile:

Phone Work:

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

If there are more Authorised Persons, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES

Please confirm how you intend to use your margin lending facility:

- Occasional shorter term borrowing to fund participation in market opportunities as they arise (e.g. new issues, rights issues and share purchase plans) Yes No
- More regular longer term borrowing aimed at growing and/or diversifying your investment portfolio Yes No
- Withdrawing borrowed funds to your bank account for use in other business/ investment opportunities Yes No

Source of Funds and Income

Please provide details of the source of income that the Trust is receiving:

Source of funds: A description of the origin and means of transfer for monies being paid into your Leveraged Equities account e.g. electronic transfer from your New Zealand bank account.

Please provide details of the **source of any funds** to be paid at account opening into the Trust's account with Leveraged Equities and evidence e.g. if the source of funds is the proceeds from an investment then a confirming document from the company or bank where the investment was made:

Politically Exposed Person

Is any Trustee, Executor, or Trust Beneficial Owner either:

- an individual who holds, or has held at any time in the preceding 12 months, a **prominent public function** in any country (other than New Zealand); or
- an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/ partner or a parent.

If 'Yes', please provide details of the public function held and the country:

Origin of wealth: A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

Please provide details of the **origin of your wealth** and evidence e.g. if the origin of your wealth is business income then a copy of the business financial statements:

Source of funds: A description of the origin and means of transfer for monies being paid into their Leveraged Equities account e.g. electronic transfer from their New Zealand bank account.

Please provide details of the **source of any funds** to be paid into your account with Leveraged Equities:

Please also provide proof of residential address as specified in the Appendix.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

Ownership and Control

Please answer the following question if the Applicant is a trust:

An entity or individual could hold ownership and/or control via differential voting rights, power to appoint the majority of senior management, control through debt instruments, control through positions held, control through informal means such as through close personal connections to relatives or associates.

Please confirm, is there any information about the Entity's ownership and/or control that has not already been provided in this document? Yes No

If 'Yes', please provide the relevant information below

Beneficiaries

Please answer the following questions if the Applicant is a trust:

i Is the trust a charitable trust? Yes No

If 'Yes', please state the objects of the trust:

ii Is the trust a trust with more than 10 beneficiaries? Yes No

If 'Yes', please provide a description of each class or type of beneficiary:

iii Is the trust a discretionary trust? Yes No

If 'Yes', please provide a description of each class or type of beneficiary:

If you answered 'No' to all of the questions above, please provide details of all beneficiaries on the following pages.

Yes, I/we will keep Leveraged Equities informed when a distribution has been made to any beneficiary and provide a certification of those beneficiaries tax residency, if I have not already provided these details in this application.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

First Beneficiary Details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name: _____

Date of Birth:

DAY		MONTH		YEAR					

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state):

Tax Details

I/We certify the beneficiary is a tax resident in the following country/countries (please select the country/countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

<input type="checkbox"/> New Zealand:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											(IRD Number)
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United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the beneficiary a United States Person? Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

Second Beneficiary Details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name: _____

Date of Birth:

DAY		MONTH		YEAR					

Country of Birth: New Zealand Other (please state): _____

Countries of Citizenship/Nationality: New Zealand Other/Additional: _____

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Tax Details

I/We certify the beneficiary is a tax resident in the following country/countries (please select the country/countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

<input type="checkbox"/> New Zealand:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											(IRD Number)
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<input type="checkbox"/> United Kingdom:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											(National Insurance Number)
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United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the beneficiary a United States Person? Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

If there are more than two beneficiaries, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

First Settlor Details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name: _____

Date of Birth:

DAY			MONTH			YEAR					

Country of Birth:

New Zealand Other (please state): _____

Countries of Citizenship/Nationality:

New Zealand Other/Additional: _____

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country:

New Zealand Other (please state): _____

Tax Details

I/We certify that the Settlor is a tax resident in the following country/countries (please select the country/countries where they are tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand:

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(IRD Number)

Australia:

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(Tax File Number)

United States:

--	--	--	--	--	--	--	--	--	--	--	--

(Social Security Number)

United Kingdom:

--	--	--	--	--	--	--	--	--	--	--	--

(National Insurance Number)

Other Country (please state): _____

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United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the Settlor a United States Person?

Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

Source of Settlor's Funds/Wealth

Please provide details of the origin of the settlors' wealth:

Source of Funds/Wealth: A detailed description of the activity which has generated the settlors' net worth, e.g. employment earnings (please specify the nature of the employment), sale of a property (please specify the type of property and location).

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

Second Settlor Details

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name: _____

Date of Birth:

DAY			MONTH			YEAR					

Country of Birth: New Zealand Other (please state):

Countries of Citizenship/Nationality: New Zealand Other/Additional:

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state):

Tax Details

I/We certify that the Settlor is a tax resident in the following country/countries (please select the country/countries where they are tax resident and supply Tax Identification Numbers (TIN) for those countries):

<input type="checkbox"/> New Zealand:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (IRD Number)												
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<input type="checkbox"/> Other Country (please state):	_____ <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												

United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the Settlor a United States Person? Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities. Check the box if form is required

Source of Settlor's Funds/Wealth

Please provide details of the origin of the settlors' wealth:

Source of Funds/Wealth: A detailed description of the activity which has generated the settlors' net worth, e.g. employment earnings (please specify the nature of the employment), sale of a property (please specify the type of property and location).

4. BENEFICIAL OWNERS

Complete this section if it is relevant

Trust Beneficial Owners

Please provide details of an individual who has the power to amend the Trust Deed, remove or appoint Trustees, veto decisions, has effective control over the Trust or specific Trust Property, has vested interest of more than 25% in the Trust Property, or has direct or indirect control or ultimate control or ownership in respect of the Trust.

First Beneficial Owner

Mr Ms Mrs Miss Dr Other

Full Name:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth:

New Zealand Other (please state):

Countries of Citizenship/Nationality:

New Zealand Other/Additional:

Relationship to Applicant:

Contact Information:

Mobile:

Phone Work:

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand

Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand

Other (please state):

Tax Details

I/We certify that the Beneficial Owner is a tax resident in the following country/countries (please select the country/countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand:

--	--	--	--	--	--	--	--	--	--

 (IRD Number)

Australia:

--	--	--	--	--	--	--	--	--	--

 (Tax File Number)

United States:

--	--	--	--	--	--	--	--	--	--

 (Social Security Number)

United Kingdom:

--	--	--	--	--	--	--	--	--	--

 (National Insurance Number)

Other Country (please state):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the Beneficial Owner a United States Person?

Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

5. BANK ACCOUNT DETAILS

All applicants must complete this section

To enable us to transfer loan proceeds we will require **original** bank account documentation for a New Zealand Dollar bank account and (if you wish to draw funds in Australian Dollars) an Australian Dollar bank account in the same name as the account Applicant(s).

Please provide ONE of the following:

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A bank statement A verification letter or other document of confirmation provided by your bank

We will only make payments to a bank account in the name of the Applicant(s).

Additional information

We may require additional information and/or documentation from you in order to meet the requirements of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2009. We will notify you if we require anything further.

6. SHAREBROKER DETAILS

All applicants must complete this section

Which Sharebroking Firm(s) will you be using for the purposes of the Margin Lending Facility?

Name of Adviser(s):

Phone:

7. MAXIMUM LOAN FACILITY REQUESTED

Please confirm the value of the loan facility being requested:

Amount: \$

8. TAX DETAILS

New Zealand Tax Residents

Resident Withholding Tax (RWT) is deducted at source at the following rates: Equity securities: 33%, Fixed Interest securities: 28%.

If Exempt, tick the box below and include your Exemption Certificate:

- Exempt

Overseas Tax Residents

Residing in a **Double Tax Agreement** country - Non Resident Withholding Tax (NRWT) is deducted at source at the following rates: Equity securities: 15%; Fixed Interest securities: 10%.

Residing in a Non-Double Tax Agreement country - Non Resident Withholding Tax (NRWT) is deducted at source at the following rates: Equity securities: 30%; Fixed Interest securities: 15%.

Prescribed Investor Rate (PIR) is deducted at source at the following rate (only): PIE securities: 28%.

Double Tax Agreements (DTAs):
To avoid worldwide income being taxed twice, DTAs have been negotiated between New Zealand and many other countries or territories to decide which country or territory has the first or sole right to tax specific types of income. For details visit the DTA section on the IRD website (www.ird.govt.nz/international/residency/dta/double-tax-agreements-index)

8. TAX DETAILS *continued*

Tax Details

I/We certify that the entity is a tax resident in the following country/countries (please select the country/countries where they are tax resident and supply Tax Identification Numbers (TIN) for those countries):

<input type="checkbox"/>	New Zealand:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													(IRD Number)
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<input type="checkbox"/>	United Kingdom:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													(National Insurance Number)
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United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the entity a United States Person? Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

Limitation on Benefits Certification

To ensure we are able to deduct the appropriate rate of United States Resident Withholding Tax in respect of US investments, clients must certify they are eligible for treaty benefits and must specify the relevant Limitation on Benefits provision they satisfy under the Double Tax Agreement between New Zealand and the United States. This requirement was brought about by the Internal Revenue Service (of the United States) and impacts all clients investing in US Securities. If you do not currently hold any US Securities, we recommend that you still complete the certification. We will hold the appropriate documentation on file for future investment decisions.

Is the entity eligible for treaty benefits?

- Yes**, I/we certify that the entity meets all provisions of the applicable treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and derives the **income** as the beneficial owner.
If 'Yes', please select the following Limitation on Benefits provision that applies to your circumstances:
 - Company or trust that meets the ownership and base erosion test.** This includes **companies and trusts which are owned and controlled by New Zealand residents AND** more than half of the Company's/trust's income is accrued or paid to entities or individuals who are resident in either New Zealand or the United States.
 - Tax exempt pension trust or pension fund.** This includes pension funds and pension trusts where more than half the beneficiaries or participants are **New Zealand residents.**
 - Other tax exempt organisation.** This includes religious, charitable, scientific, artistic, cultural, or educational organisations provided more than half the beneficiaries, members, or participants are **New Zealand residents.**
 - Government.** This includes Government entities, political subdivisions, and local authorities.
 - None of the above.**

If you selected 'None of the above', please complete the appropriate W-8 Series form which are available at www.irs.gov/businesses/corporations/fatca-related-forms or via your Investment Adviser. If you are unsure which form you need, please discuss this with your tax adviser/accountant.

Check the box if form is required

No, I/we certify that the entity is not eligible.

The summaries provided are for the general convenience of taxpayers but may not be relied upon for making a final determination that you meet a Limitation on Benefit test. Rather you must check the text of the Limitation on Benefit Article in the United States - New Zealand Double Tax Agreement to determine which tests are available under that treaty and the particular requirements of those tests.

Income: Within the meaning of section 894 of the Internal Revenue Code (Income affected by treaty) and the regulations thereunder.

Companies and trusts which are owned and controlled: More than 50% of the voting power and value of the Company's shares, or more than 50% of the beneficial interests in the case of trusts, and where ownership is indirect all in the chain of ownership must also be New Zealand residents.

New Zealand residents: Includes individuals and other persons liable to tax in New Zealand by reason of tax residence.

9. AUTHORISED AGENTS/ALTERNATE CONTACTS

This section is optional

Please provide the names of any authorised agents that we may contact in the event you are unavailable if a margin call occurs.

Name:

Relationship to Applicant:

Phone:

Name:

Relationship to Applicant:

Phone:

10. TRANSFERRING SECURITY

This section is to be completed by all applicants transferring Securities to us by way of security under the Margin Lending Agreement

<i>Name of Company</i>	<i>Number of Securities</i>	<i>Common Shareholder Number (CSN)</i>	<i>Authorisation Code</i>

11. ESTABLISHMENT FEES

This section applies to all Applicants

A one-off application fee of \$125 is payable to Leveraged Equities Finance Limited for processing this application.

Make this payment direct to the bank account below, using the name of the account as reference.

Bank of New Zealand, Auckland

Account number: 02 0100 0044799 000

Account name: Leveraged Equities Finance Limited

12. POWER OF ATTORNEY

Each of the Borrower and the Guarantor for valuable consideration irrevocably appoints Leveraged Equities Finance Limited and every officer of Leveraged Equities Finance Limited, severally, to be the Borrower's and Guarantor's attorney ("Attorney") with full power to:

- a) (at the Borrower's or Guarantor's expense) do everything necessary or expedient to give effect to any transaction or other thing contemplated by the Margin Lending Facility with Leveraged Equities Finance Limited, including without limitation, executing, amending, completing any blanks in any document and doing anything which, in the Attorney's opinion, is desirable to protect Leveraged Equities Finance Limited's interests under the Margin Lending Facility (even if the Attorney has a conflict of duty in doing so, or has a direct or personal interest in the means or result of the exercise of any of the Attorney's powers); and
- b) delegate the Attorney's powers to any person for any period and to revoke a delegation, and to appoint one or more substitute Attorney's to exercise any of the powers given to the Attorney (each such substitute attorney shall be also an "Attorney");

and the Borrower and Guarantor ratify anything done by the Attorney or any delegate in accordance with this clause.

13. SIGNATURE AND DISCLOSURE

Every person named as one of the Account Holders or as an Authorised Person must initial next to each statement in the space provided.

- (a) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission). _____
- (b) I/We acknowledge that I/we have received a disclosure copy of the Leveraged Equities Finance Limited's "Make the Most of Your Potential" Brochure incorporating the terms and conditions of the Margin Lending Facility ("the Brochure") and the Product Disclosure Statement for the Margin Lending Facility ("PDS"). I/We have read and understood the Brochure and the PDS and agree to be bound by the terms and conditions contained within the Brochure. _____
- (c) I/We will advise Leveraged Equities Finance Limited if any of our tax details change. _____

Every person named as one of the Account Holders must initial next to each statement in the space provided.

- (a) I/We acknowledge that I/we wish to apply for a Margin Lending Facility with Leveraged Equities Finance Limited. _____
- (b) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission). _____
- (c) I/We acknowledge that I/we agree to Leveraged Equities Finance Limited obtaining, using and exchanging personal credit information about me/us for the purposes of applying for and maintaining a Margin Lending Facility with Leveraged Equities Finance Limited. _____
- (d) I/We confirm that I/we have disclosed to all persons whose personal information I/we have included in this application form of the fact that their personal information has been disclosed to Leveraged Equities Finance Limited as part of this application, the purpose for which it is collected, who it may be shared with, their rights of access, our identity, and how to contact Leveraged Equities Finance Limited. _____
- (e) I/We have read and understand the risks associated with operating a Margin Lending Facility. _____
- (f) I/We have funds or additional securities available should a margin call be made. _____
- (g) I/We understand that my securities may be sold to clear a margin call. _____
- (h) I/We acknowledge that I/we am/are required to make a declaration that any credit to be provided under the Margin Lending Facility is to be used wholly or predominantly for business and/or investment purposes (using the separate form in the Application Pack). I/We confirm that I/we have read and understood the declaration. _____
- (i) I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply. _____
- (j) I/We have obtained the necessary consent and authorisation to allow disclosure and use of information provided in the Tax Residency Self Certifications. _____
- (k) I/We will notify Leveraged Equities Finance Limited of any changes to any information within 30 days of the change occurring and, where required, will provide Leveraged Equities with a new self-certification of tax residency. _____

In accordance with the Privacy Act 2020, Leveraged Equities Finance Limited is authorised to:

- (a) Collect and hold personal information about me/us for the purposes of carrying out my/our instructions, administering my/our account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes.
- (b) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for the purpose of verification of instructions, administrative and training purposes.
- (c) Disclose information about me/us where required under any relevant regulations or legislation and to any of the people set out in the Brochure.
- (d) Disclose information about me/us to the authorised agents named above and any Guarantor. I/We agree that margin calls may be made to the authorised agents named in Section 9. Authorised Agents/ Alternate Contacts.
- (e) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time.
- (f) Terminate my/our account with Leveraged Equities Finance Limited and/or suspend its services to me/us if I/we or any Guarantor fails to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us or any Guarantor.
- (g) Collect, hold, and disclose any personal information about me/us, any beneficial owner of me/us, or any authorised agent that has been provided to you for the purposes of you meeting your obligations under any laws described in clause 17.17 of the terms and conditions contained in the Brochure.

I am/We are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us. I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

13. SIGNATURE AND DISCLOSURE *(continued)*

Instructions for Signing

- **Every person** named as one of the **Account Holders** must sign below
- Where a person signs on behalf of another as their Attorney, a copy of the Power of Attorney must be provided, and a signed and completed certificate of non-revocation of power of attorney must accompany this Application Form.

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

14. GUARANTORS

All company applicants must be guaranteed

I/We understand that by signing below I/we unconditionally and irrevocably guarantee to Leveraged Equities Finance Limited the payment of all monies due under the Margin Lending Facility set out in Leveraged Equities Finance Limited's "Make the Most of Your Potential" brochure ("the Brochure") and any other transaction document when they are due and the performance of all obligations under the Margin Lending Facility and any other transaction document. If the applicant named in section 1. Applicant ("the Borrower") does not pay Leveraged Equities Finance Limited any monies when due, I/we will pay as detailed in the Brochure.

I/We acknowledge that I/we have received a copy of the Brochure. I/We have read and understood the Brochure and agree to be bound by the terms and conditions contained in it.

I/We as Guarantor agree that Leveraged Equities Finance Limited may seek from a credit reporting agency, a credit report containing personal information about me/us to assess whether to accept me/us as Guarantor for credit applied for, or provided to, the Borrower.

I/We as Guarantor declare that:

- (a) all amounts payable to the issuer of the Securities have been paid and no issuer holds a lien over the Securities; and
- (b) all the information I/we have given you is correct and not misleading; and
- (c) I/we will provide you with any information or documents that you may require; and
- (d) I/we have not withheld any information that might have caused you not to enter into the transaction documents with the Borrower or the guarantee with me/us; and neither I/we nor any other person breach any law or any obligation by entering into the guarantee; and my/our obligations under the guarantee are valid and binding; and
- (e) I/we have taken such independent financial and legal advice as I/we think fit prior to entering into the guarantee; and
- (f) I/we will make sure that any new or existing director of the Borrower promptly joins any guarantee if you ask; and
- (g) I/we will promptly pay all amounts due to the issuer of the Securities which might result in the issuer having a lien over the Securities; and
- (h) I/we shall do everything necessary to ensure the Securities are not liable to be forfeited; and

- (i) I/we shall not permit or allow any act or omission to occur, which may result in any of your rights or remedies being prejudiced or adversely affected; and
- (j) I/we will tell you if anything has happened which prevents me/us repeating any one or more of the above declarations at any time.

In accordance with the Privacy Act 2020, Leveraged Equities Finance Limited is authorised to:

- (k) Collect and hold personal information about me/us for the purposes of my/our guarantee, administering the Borrower's account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes.
- (l) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for administrative and training purposes.
- (m) Disclose information about me/us where required under any relevant regulations and legislation and to any of the people set out in the Brochure.
- (n) Disclose information about me/us to the Borrower and/or the authorised agents named in section 10.
- (o) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time.
- (p) Terminate the Borrower's account with Leveraged Equities Finance Limited and/or suspend its services to the Borrower if I/we fail to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us.

I/We am/are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us.

I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

I/We agree that if Leveraged Equities Finance Limited approves the Borrower's application for credit, this guarantee remains in force until the Margin Lending Facility covered by the Borrower's application and any other transaction document terminates, all amounts due under the Margin Lending Facility and any other transaction document have been paid in full and I/we are formally released from my/our guarantee obligations.

14. GUARANTOR *(continued)*

Signed as a deed by the Guarantor(s):

Guarantor Name: _____

Guarantor Name: _____

Signature: _____

Signature: _____

Date:

DAY		MONTH				YEAR					

Date:

DAY		MONTH				YEAR					

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Address: _____

Address: _____

Town/City: _____

Town/City: _____

In the presence of:

Full Name of Witness: _____

Full Name of Witness: _____

Signature: _____

Signature: _____

Date:

DAY		MONTH				YEAR					

Date:

DAY		MONTH				YEAR					

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Address: _____

Address: _____

Town/City: _____

Town/City: _____

15. SUPPLEMENTARY APPLICATION SHEETS

I/We have attached the following supplementary application sheets to this Application Form (tick as applicable):

- Trust applicant supplementary application sheet.
- Acting on behalf of customer (Authorised Person) supplementary application sheet.
- Trust Beneficiary supplementary application sheet.
- Beneficial owner supplementary application sheet.
- Power of attorney supplementary application sheet.

Checklist

- Fully completed Application Form and Declaration as to Purpose.
- Any supplementary application sheets as above.
- Establishment fee for applicant(s).
- Copies of all documentation referred to in *Appendix: Proof of Identity and Address Verification Requirements*.
- Original bank slips.

Please send your application to:

Leveraged Equities Finance Limited, PO Box 621, Wellington 6140, or deliver to Level 22, NTT Tower, 157 Lambton Quay, Wellington.

APPENDIX: PROOF OF IDENTITY AND ADDRESS VERIFICATION REQUIREMENTS

What do we need as proof of identity?

If you are a **Trust**, we need to see a **copy** of the Trust Deed and any subsequent deeds of appointment or retirement. *Please note that proof of identity is not required in respect of individuals acting on behalf of an executor or administrator of an estate, where that executor or administrator is Trustees Executors Limited, Public Trust, or Perpetual Guardian.*

If any Trustee is a **Trustee Company**, we need to see **ALL** these documents from an official/ independent source:

- Certificate of Incorporation; and
- Confirmation of Directors

If you are an **Estate**, we will need to see the **original** or a **certified copy** of either:

- Probate for the deceased person; or
- Where Probate is not required to be obtained, other documentation that establishes the legal standing of the Estate and of the Executor(s) instructing us on behalf of the Estate or the completed and signed Forsyth Barr Deceased Estate Declaration and Claim/ Indemnity Form. This must include a certified copy of the Death Certificate.

Source of funds and wealth

We need information about the source of wealth of the Trust. This refers to how the Trust obtained its wealth or, depending on the purpose of the Trust, how the Settlor or Trustee obtained their wealth. We also need evidence of source of funds.

Examples of information and documentation:

Source of wealth information

- Inheritance from Settlor's mother, Joan Smith, date of birth 3 June 1935.
- Settlor's savings from annual salary earned at XYZ Pty Ltd for the past 10 years.
- Settlor's retirement funds held with ABC KiwiSaver Scheme.
- Settlor's income earned as owner of a real estate agency for the past 5 years

Source of funds information	Documentation
Savings account in the Trust's name	Bank statement in the Trust's name reflecting the amount to be invested
Term deposit with Bank ABC in the Trust's name	Term deposit statement from Bank ABC in the Trust's name
Solicitor's trust account with Bank ABC	Written confirmation from the solicitor confirming the amount and the bank account details (bank account number and name)
Investment account with another financial services provider	Statement from the financial service provider reflecting the amount to be invested

Note that additional information may be required.

What else is required?

We are also required to verify the identity of each Executor, Trustee, Trustee Company Director, Authorised Person, and Trust Beneficial Owner involved with the entity. These requirements are outlined on the right.

What do you need to provide to set up a direct debit or direct credit to your Leveraged Equities account?

To set up a direct debit we require a completed Authority to Accept Direct Debits.

To set up a direct credit we require your written instruction to do so.

We also require bank account documentation, for example:

- a bank encoded deposit slip with pre-printed details of bank account name and number;
- a bank statement;
- a verification letter or other document of confirmation provided by the Trust or Estate's bank.

We are able to pay funds to —

- a bank account in the name of the Trust or Estate;
- a bank account in the name of a trustee(s);
- the Inland Revenue Department;
- an accountant's trust account or solicitor's trust account; or
- the beneficiary of the Trust.

If you are a **Executor, Trustee, Authorised Person, or Trust Beneficial Owner**, you need to provide the original for verification, or a certified copy of —

- A current New Zealand Passport
- A current New Zealand Firearms Licence
- Overseas passport or a similar document issued for the purpose of international travel which —
 - contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued; and
 - is issued by a foreign government, the United Nations or an agency of the United Nations.
- A national identity card issued for the purpose of identification, that —
 - contains the name, date of birth and a photograph of the person in whose name the document is issued and their signature or other biometric measure included where relevant; and
 - is issued by a foreign government, the United Nations or an agency of the United Nations.

If you can't provide any of those forms of identification, you need to provide the **original** for verification or **certified copies** of your current **New Zealand Driver Licence** (showing both sides of the Licence)

plus ONE of these documents:

- Your Birth Certificate or Citizenship Certificate
- A Government agency document with your full name and signature (e.g. SuperGold Card)
- A Government agency statement dated within the last 12 months (e.g. IRD statement)
- A document issued by a registered bank showing your name and signature (e.g. credit/debit card, eftpos card)
- A bank statement dated within the last 12 months issued by a registered bank (delivered by mail, not via internet banking)

If you are a Trust we also need proof of residential address.

Provide a copy of **ONE** of these documents, **dated within the last 12 months** with your name and address displayed on it:

- Utility Bill – the address listed as the address for the fixed service must match the residential address details you have provided
- Rates Bill – the address listed as the property location must match the residential address details you have provided
- Telephone Bill – for landline or broadband services only; mobile phone bills are not accepted
- Bank Statement or Letter – issued by a registered bank and printed on official bank letterhead
- House and/or Contents Insurance Policy
- Share Registry Statement
- KiwiSaver or Superannuation Correspondence - must be issued by a provider other than Forsyth Barr
- Electoral Roll Entry
- Online White Pages Entry
- Document Issued by a New Zealand Government Agency – refer to the list of agencies at www.govt.nz/organisations
- Local Council or Government Letter
- Retirement Home Correspondence
- Tenancy or Lease Agreement – signed by both the landlord and tenant(s)
- Correspondence from a New Zealand Educational Institution – includes letters from boarding hostels, halls of residence, or homestay confirmations, as well as posted fee invoices or receipts

Certified copy of a document

A 'certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version. The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation. Please note: This confirmation is only valid for three months.

A 'Trusted Referee' is someone who:

- is at least 16 years old
- is not your spouse or partner
- is not related to you
- does not live at the same address as you
- is not involved in the business or transaction requiring the certification

They must be a:

- Commonwealth representative
- New Zealand Police Constable
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumātua (both Koroua and Kuia)

Leveraged Equities

Declaration

Each Applicant who is an individual must sign below. Where the Applicant is a Trust, each individual named as one of the Trustees must sign below.

Declaration

I hereby declare for the purposes of section 14 of the Credit Contracts and Consumer Finance Act 2003 that any credit provided under the Leveraged Equities Margin Lending Facility is to be used by me wholly or predominantly for business or investment purposes (or for both purposes).

I confirm by signing below that I have read and understood this declaration.

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				

Name:

Signature:

Date:

DAY		MONTH			YEAR				



